Substitute for Form PTO-875												Application or Docket Number		
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL		ENTITY	OR	OTH SMAI	ER TH/
FOR NUMBER FILED					0	NUMBER EXTRA			R/A	TE	FEE		RATE	T
	ASIC FEE 7 CFR 1.16(a))							1			\$	1	- KATE	
TC	OTAL CLAIMS 7 CFR 1.16(c))		minus 20 =					 			+	OR_		- - <u>\$</u> -
INDEPENDENT CLAIMS							7	- - -	× \$		 	OR	× \$ =	
_	7 CFR 1.16(b))		minus 3 =			·		$\left. \right $	× \$	<u> </u>		OR	× \$=	<u> </u>
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))]	+ s	=		OR	+ \$=	
* If the difference in column 1 is less than zero, enter "0" in column 2.							TO.	TAL		OR	TOTAL			
	(CLAIMS A	AS AM	IENDE	D – PA	RT II						_		·
	(Column 1) (Column 2) (Column 3)								SMALL ENTITY			OR		ER THA
AMENDMENT A		CLA REMA AFT AMEND	IMS INING ER		NL PRE	GHEST JMBER VIOUSLY ID FOR	PRESENT EXTRA		RA'		ADDI- TIONAL		RATE	L ENTI
	Total (37 CFR 1.16(c))	4	VIVICIAI	Minus		DFOR	=	1			FEE			- -
	Independent (37 CFR 1.16(b))	 		Minus	 		=	1 }	× \$	<u> </u>		OR	X \$=	-
	(3.04 (1.00))							1 }	× \$	<u> </u>		OR	× \$=	-
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))								+ \$_	=		OR	+ \$ =	-
•									VDD.F	FEE		OR	TOTAL ADD'L FEE	
		(Columi			(Co	olumn 2)	(Column 3)							
AMENDMENT B	3.25.05	CLAIN REMAIN AFTE AMENDN	NING ER		PREV	HEST MBER IOUSLY D FOR	PRESENT EXTRA		RAT	E	ADDI- TIONAL FEE		RATE	A TI(
	Total (37 CFR 1 16(c);	13	5	Minus	6	20	=): S	=		OR .	x \$ =	
	Independent (37 CFR 1 16(b))		5	Minus	•••	4	- /		x \$	=		OR	x 5 200 =	200
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))								+ 5	_		OR	+ ş =	
		····						-	TOTAL ADD'L F			OR	TOTAL ADD'L FEE	200
		(Column	1)		(Col	umn 2)	(Column 3)						·	Pd.
		CLAIM REMAIN AFTEI AMENDM	ING R		NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATI		ADDI- TIONAL FEE		RATÉ	AI TIC F
AMENOMEN	To(al (37 CFR 1 16(c))	. –		Minus	••		Ξ		< <u>\$</u>	=		OP.	y \$ =	
	Independent (37 CFR 1 16(b))	•		Minus .	•••		=		: \$	-		- [-	x \$ =	
\ {	FIRST PRESENTA	ATION OF MI	II TIPLE I	DEBENDE	NICLAU	4 (37 CEC	2.1.16(4))					OR		
				- CNUE	HI CLAIN	137 CFF	() (0[0])		OTAL	=		OB - T	+ \$ =	 -

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control

^{*} If the entry in column 1 is less than the entry in column 2, write "0" in column 3

[&]quot; If the "Highest Number Previously Paid For IN THIS SPACE is less than 20, enter 20

[&]quot;If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3"

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1